Contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion)

The Executive Board,

Having considered the report on contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion), 1

RECOMMENDS to the Sixty-seventh World Health Assembly, the adoption of the following resolution:

The Sixty-seventh World Health Assembly,

Reaffirming the principles of the Constitution of the World Health Organization stating that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;

Reaffirming the right of every human being without distinction of any kind to the enjoyment of the highest attainable standard of physical and mental health, and to a standard of living adequate for the health and well-being of oneself and one’s family, including adequate food, clothing, housing and to the continuous improvement of living conditions;

Recalling the Alma Ata Declaration, and the Global Strategy of Health for All by the year 2000, and their calls for coordination, cooperation and intersectoral action for health;

Acknowledging the United Nations General Assembly document “The Future we want”, and in particular its recognition that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development and the call for the involvement of all relevant sectors for coordinated multisectoral action to address urgently the health needs of the world’s population;

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1 Document EB134/54.
Recalling resolutions on health promotion, public information and education for health,\(^1\) health promotion,\(^2\) health promotion and healthy lifestyles,\(^3\) health promotion in a globalized world,\(^4\) and social determinants of health,\(^5\) taking note of the outcome documents of the seven Global WHO Conferences on health promotion,\(^6\) in particular the Ottawa Charter, Adelaide Statement and the Nairobi Call for Action;

Reaffirming commitments made to global health in the context of foreign policy and reiterating the request to consider universal health coverage in the discussions on the post-2015 development agenda, also considering broad public health measures, health protection and addressing determinants of health through policies across sectors;

Recalling the Political Declaration of the High-level Meeting of the General Assembly and the WHO global strategy and action plan on the prevention and control of noncommunicable diseases, which recognize the primary role of governments in responding to the challenge of noncommunicable diseases and the essential need for the efforts and engagement of all sectors, rather than by making changes in health sector policy alone, as well as the important role of the international community and international cooperation in assisting the Member States in these efforts;

Noting that the health sector has a key role in working with other sectors in ensuring drinking water quality, sanitation, food and nutritional safety, air quality and limiting exposure to health-damaging chemicals and radiation levels, as recognized in World Health Assembly resolutions;\(^7\)

Recognizing that a number of mental disorders can be prevented and that mental health can be promoted in the health sector and in sectors outside health and that global support is necessary for national and local work on mental health and development, including through the Mental Health Action Plan and the WHO MINDbank;

Noting further the relevance of the WHO Framework Convention on Tobacco Control for many sectors, underscoring the importance of addressing common risk factors for noncommunicable diseases across sectors and the cooperation needs under International Health Regulations, including among the United Nations agencies, and between and within Member States;

Acknowledging the final report of the Commission on Social Determinants and Health “Closing the gap in a generation: health equity through action on the social determinants of health” as a resource of evidence, as well as the Rio Political Declaration on Social Determinants of Health and its call for the development and implementation of robust,

\(^1\) Resolution WHA42.44.
\(^2\) Resolution WHA51.12.
\(^3\) Resolution WHA57.16.
\(^4\) Resolution WHA60.24.
\(^5\) Resolution WHA65.8.
\(^7\) Resolutions WHA59.15, WHA61.19, WHA63.25, WHA63.26, WHA64.15, WHA64.24.
evidence-based, reliable measures of societal well-being, and recognizing the important advocacy role of health ministries in this regard;

Recognizing that Health in All Policies refers to taking health implications of decisions systemically into account in public policies across sectors, seeking synergies, and avoiding harmful health impacts, in order to improve population health and health equity through assessing consequences of public policies on determinants of health and well-being and on health systems;

Concerned about gaps in taking into account across government, at various levels of governance, impacts of policies on health, health equity and functioning of the health system,

1. NOTES with appreciation the Statement of the 8th Global Conference on Health Promotion: Health in All Policies, held in Helsinki, and notes the ongoing work on the Framework for Country Action;

2. URGES Member States:\(^1\)

(1) to champion health and the promotion of health equity as a priority and take efficient action on social, economic and environmental determinants of health, consistent with resolution WHA65.8, including in noncommunicable disease prevention;

(2) to take steps, including, where appropriate, effective legislation, cross-sectoral structures, processes, methods and resources, such as the Urban Health Equity Assessment and Response Tool (Urban HEART) that enable societal policies which take into account and address their impacts on health determinants, health protection, health equity, and health systems functioning, and measure and track social determinants and disparities in health;

(3) to develop, as appropriate, and maintain adequate and sustainable institutional capacity and skills, such as assessing health implications of policy initiatives in all sectors, exploring solutions and to negotiating policies across sectors, including within the health authorities and relevant research and development institutes such as National Public Health Institutes, to achieve improved outcomes from the perspective of health, health equity and health systems functioning;

(4) to take action to enhance health and safeguard public health interests from undue influence by any form of real, perceived or potential conflict of interest, through management of risk, strengthening of due diligence and accountability and increasing the transparency of decision-making and engagement;

(5) to include, as appropriate, relevant stakeholders, such as local communities and civil society actors in the development, implementation and monitoring of policies across sectors;

(6) to contribute to the development of the post-2015 development agenda by emphasizing that policies in sectors other than health have a significant impact on health outcomes, and by identifying synergies between health and other sector policy objectives;

\(^1\) And, where applicable, to regional economic integration organizations.
3. REQUESTS the Director General:

(1) to prepare, for the consideration, by the Sixty-eighth World Health Assembly, in consultation with Member States, United Nations organizations, and other relevant stakeholders as appropriate, and within existing resources, a Framework for Country Action, for adaptation to different contexts, taking into account the Statement of the 8th Global Conference on Health Promotion (Helsinki, 2013), aimed at supporting national efforts to improve health, ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors of noncommunicable diseases, based on best available knowledge and evidence;

(2) to provide guidance and technical assistance, upon request, to Member States in their efforts to build necessary capacities, structures, mechanisms and processes in order to integrate health perspectives in non-health sector policies, including, where appropriate, through implementation of Health in All Policies, and for measuring and tracking social determinants and disparities in health;

(3) to strengthen WHO’s role, capacities and knowledge-resources, including by compiling and analysing good practices by Member States, to give guidance and technical assistance for implementation of policies across sectors at the various levels of governance, and ensure coherence and collaboration across programmes and initiatives within WHO;

(4) to continue to work and provide leadership with the United Nations agencies, development banks, other international organizations and foundations, to encourage them to take health considerations into account in major strategic initiatives and their monitoring, including the post-2015 development agenda, to achieve coherence and synergy with commitments and obligations related to health and health determinants, including social determinants of health, in their work with Member States;

(5) to report back to the World Health Assembly on the progress made at the Sixty-ninth World Health Assembly through the Executive Board.

Ninth meeting, 24 January 2014
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1 And, where applicable, to regional economic integration organizations.